Section **A**

# Community based quality monitoring (CBQM) study in Cambodia, Indonesia, Nepal, Vietnam (A synopsis of study findings derived from the Regional Report)

## Background

As a result of social and biomedical advances, the responses to HIV have yielded remarkable results. There are better, improved tools for screening, diagnostics, and treatment of HIV. Community responses to HIV are also established as the cornerstone of effective, equitable and sustainable programmes. Communities play a critical role in demanding and delivering services, supporting health systems and reach those most vulnerable to HIV. Communities are increasingly involved in monitoring access and quality of HIV treatment, care, and support services. They give voice to those who need services, provide feedback on programme implementation and suggest improvisation of these services. As service recipients, community members are best positioned to evaluate the programs and provide critical feedback to HIV and Health programs.

ANPUD is a regional network of people who use drugs established to address the obstacles faced due to punitive laws and policies by PUDs in Asia. The core belief behind the formation of ANPUD is that PUDs living in the region coming together with a unified voice can have a greater impact in changing the current perspective of governments. ANPUD believes that drug use as a health issue (not a law and order issue) can work more effectively towards creating a better environment for PUD communities, through the community.

The key component of the KPRA project is to conduct a Community Based Quality Monitoring study on the key components of harm reduction for PWID most notably the quality of NSP & OST services, and linkage to other healthcare services for PWID in Cambodia, India, Indonesia, Nepal and Vietnam. This study is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria and through Save the Children International in Nepal. The India study chapter is supported (in part) by India HIV/AIDS Alliance.

## Methods

The CBQM study employed mixed research methodology. The entire study was based on a three-layered approach: i) Regional level Desk Review of Harm Reduction interventions for PWID in each country; ii) qualitative data collection and end users of NSP & OST services; and iii) quantitative community-based survey. While the desk-review focused on gathering evidence on effectiveness and quality of Harm Reduction programmes implemented in the KPRA study participating countries. The qualitative approach adopted KII with key government officials including CCM, service providers and programme managers to review the country response, quality and effectiveness of harm reduction services for PWID. The quantitative approach adopted direct interviews with end users on NSP & OST for PWID.

## Results/Findings

### Desk-Review findings

Drug policy: Despite significant achievements in HIV-related services for PUD in several countries, very little change is apparent in drug policies. Governments across the region disproportionally invest their resources on incarceration and coercive abstinence-based treatment.

While some health-focused programmes, particularly NSP & OST have been introduced, such interventions receive only marginal support and are seen as emergency responses to HIV epidemics.

Below table explicitly highlights 'Laws related to drug use and possession in the study countries'.

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|  **CAMBODIA** | Drug use is criminalized by Articles 45 and 53 of the Law on Control of Drugs (2012).<br><br>Any person who illegally consumes Narcotic Substances shall be punished by imprisonment for a period from 1 month to 6 months.<br><br>Possession of drugs is criminalized by Article 48: Possessing, concealing, storing, or other similar actions relating to narcotic drugs constitutes illegal keeping of narcotic substances.<br><br>Informal police diversion to services is encouraged under Cambodia's Most At-Risk Populations Community Partnership Initiative (MCPI) |
|  **INDONESIA** | Drug use and drug possession are criminalized by the Drugs Law 35/2009. Drug use is punishable with imprisonment (Article 127).<br><br>The law requires 'addicts and victims of narcotics abuse' to undergo medical and social rehabilitation (Article 54). |
|  **NEPAL** | The Narcotic Drugs (Control) Act (NDCA), which was formulated in 1976, prohibits the cultivation, production, preparation, purchase, sale, distribution, export or import, trafficking, storing or consumption of cannabis and other narcotic drugs.<br><br>NDCA 1976 has a provision to divert a person who uses drugs to a rehabilitation center if a person or an institution is willing to take responsibility for the person. |
|  **VIETNAM** | Drug use is an administrative offense under the Law on Handling Administrative Violations 2012, article 96.<br><br>Drug Rehabilitation Renovation Plan developed by the Ministry of Labour, Invalids, and Social Affairs (MOLISA) recognizes drug addiction as a chronic condition and resolves to replace the compulsory 06 system by a voluntary, community and residential-based and evidence-based drug treatment system.<br><br>There is a legal requirement for police not to impede the work of registered NSP outreach workers. |

### Quantitative Survey findings

Utilization of NSP : Majority of respondents have utilized NSP services and reported to have used the service at drop-in-centers. Almost 89% of the respondents have met outreach teams within the four weeks prior to the interview. Despite a high number of respondents reported having met the ORW/PE, only 60.2% reported having talked about safe injecting and or HIV.

Types of services utilized in NSP : Almost all respondents availed NSP services for clean needles/ syringes, 84.8% also received condoms. 21.3% respondents from Vietnam have also utilized OST through the NSP sites. 15% of

the respondents were referred to OST from a NSP site. (82.9%) reported having accessed HIV testing from NSP sites. Overall, 64% reported having received information on drug overdose with only 45.3% of respondents from Nepal received information on drug overdose.

Only 12.4% were referred for TB screening, and only 16.8% reported to have received STI services. Only 41.1% reported having either received screening or refereed to a screening site for Hepatitis C.

Utilization of drug treatment services : 54% respondents have utilized any form of drug treatment service. The utilization is patricianly high among respondents from Vietnam (86.4%) and is lowest in Cambodia (30.1%). 37% respondents from Indonesia have utilized any form of drug treatment service.

Almost half of the respondents who have utilized drug treatment services have received methadone. 32% respondents who have utilized Buprenorphine services. 68% who have received any form of drug treatment has received a drug-free treatment service.

Among those who have utilized drug treatment services, 53.8% of them availed out of pocket expenses. Almost everyone who used drug treatment reported to have expenses that they need to cover in Vietnam. Out of pocket expenses is also higher in Indonesia (98%), Nepal (77.1%) as compared to Cambodia (1%). Among those who have expenses for the drug treatment program, only 17.1% received support from donors or governments.

Types of services utilized within the OST program : 95.2% reported having been through a detailed assessment of the current substance use. 75.2% shared that it would be helpful to have a take-home dosage of OST. Most reasons cited for it was it makes it uneasy to find work (67.1%) and interferes with the working hours (66.6%). Almost 39% shared that they are worried about their confidentiality while going to the OST site every day. Almost 23% cited that they are fearful of being arrested while visiting an OST site. Distance and travel costs were also cited as an issue by more than half of the OST service users. 82% shared that they received adherence counseling while on OST. 3.8% shared that they missed a dose because of stock out and 88% were offered a HIV test while on OST.

History of drug overdose : 32% reported having a drug overdose (ever). 13.1% from Cambodia reported having at least a drug overdose. 85% who had a history of an overdose had it more between 1-5 times and more than 12% had it more than 5 times. Half of the drug overdose occurred within a year prior to the interview.

HIV testing : Almost 97.8% reported to have known where the HIV testing services are available, and 91.1% reported to be comfortable visiting the testing service and 91% were tested for HIV. 65.5% who are not yet tested, believe they are not at risk.

Access to CD4 test and ART : Among those who shared their test results, 19.04% were reported as HIV positives. The proportion of respondents reporting as HIV positives was highest in Indonesia (29%). Only 2.4% from Nepal and 11.5% from Cambodia shared that their HIV test was positive.

Among those who had positive test results, 84.4% had their CD4 test done and 84% were on ART. 14% with HIV reported that they were not on ART. Those who started ART, 53.3% of them started within a week of being diagnosed with HIV.

Hepatitis B and C diagnosis and treatment : 68% reported having received information on Hepatitis B. More than 90% from Cambodia reported having received information on Hepatitis B. 81% have also received information on Hepatitis C. Almost half of them received information on Hepatitis B and C in an outreach setting. A total of 55.3% reported having been tested for Hepatitis C and more than half of them received a test within a year.

Social Stigma : Most respondents reported having shared their drug use with others. Only 9.2% reported having told no one about their drug-using behavior. Almost 85% shares about their habit to friends and acquaintance who also use drugs. Almost 21% reported having been excluded from family activities within the six months before the interview and an additional 12.8% shared that they were excluded from family activities in the past. 33% reported having felt afraid of accessing health services as they worry that their information would not be kept confidential.

Abuse and harassment : 63% reported having been scolded because of the drug use and 41% of them were scolded within 6 months. 16% reported having been physically harassed or hurt within the past 6 months due to their drug use. 15.1% also reported having been physically harassed or hurt in the past. A higher proportion of respondents from Cambodia reported harassment (38.8%) compared to other countries.

Less than 7% shared that they have felt insulted by health workers at the OST site. Similarly, 5.1% reported that they felt insulted while receiving NSP services.

Confidentiality : 23% shared that they were not sure if their medical records were kept confidential in the NSP site. Similarly, 42.8% shared that they don't know if their medical records are kept confidentially in an OST site.

Arrest and imprisonment : 15% reported to have been arrested by police because of their drug use and 8.4% reported being arrested within 6 months prior to the interview. Among those who are imprisoned, 55.2% reported to have been imprisoned once (in the past year) and 27.8% reported to have been imprisoned more than once. 6% who have been to prison reported having used oral drugs while in prison and 9.4% reported to have injected drugs while in prison and 3.6% reported to have accessed OST while in prison.

## Discussion/Conclusion

All study countries

To increase evidence proven strategies to address health related harm among people who may not inject drugs, mainly among the ATS users.

To not only embrace human rights-based approaches to drug treatment, incorporating harm reduction and social integration but also work towards establishing the gains towards legal reforms to ensure the sustainability of evidence proven strategy.

Stakeholders to continue educating the public in general and law enforcement bodies about the harm of stigma, and benefits of a humane drug policy for politicians to peruse legal reforms.

To introduce TB programs across the board. Update standard operating protocols of Harm reduction services to include referral to TB programs, improve referral and coordinate adherence of TB treatment among PUD and with a TB disease.

To revise the opening hours and improve client and service provider relationships. The critical services like clean syringes, condoms, and OST should be provided when it's convenient for the clients, as it is required frequently, it should not interfere with work and other commitments. Stock-outs can be managed, by careful planning.

Needle/Syringe and OST programs can build a coalition with law enforcement entities and other stakeholders at the local level to create a space for PWID to feel safe.

To consider adjusting the dispensing hours of OST and allowing stable users to take-home dosage.

Services should make overdose prevention education a part of the broader harm reduction education package and ensure that drug users have knowledge of and access to Naloxone (a lifesaving drug).

To integrate legal support to PUD in the core design of the harm reduction program. Also work with local journalists to spread positive information about PUD and help in the reduction of drug phobia.

Service sites can do more to feel the clients of service more secure, including assurances that their identities are kept secret and invest in providing safer spaces to deliver the harm reduction services.

## Recommendations

The countries can put more resources in routinely evaluating its programs aimed at PWID as well as integrate more quality indicators in its routine program. Derive information and use it to improve the effectiveness and efficiency of programs that aim to reduce harms related to drug use.

The routine reporting can also increase variability within the data system for more informed programming like the differentiation of data among sub-groups of drug users (people who inject drugs and who use drugs), females, MSM and Transgender drug users.

Donors are responsible to ensure that PUD do not become collateral damage in the negotiation of more domestic funding or increasing efficiency. This can be achieved through various strategies, one of which can be a proportional allocation of resources based on the need.

The study countries and the donors need to continue to invest in making community involvement more engaging, useful and responsive towards the community. One of many ways this can be achieved is by ensuring that the representatives are chosen in a fair transparent process.

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Save the Children

KPRA
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